Welcome

Welcome to the University of Tennessee Hearing and Speech Center (HSC). This clinic handbook is designed to answer questions about the process and the outcome of the clinical educational program. The manual is to be used in conjunction with the ASHA 2014 Standards and Implementation Procedures for the Certification of Clinical Competence in SLP [www.asha.org/certification/2014-Speech-Language Pathology-Certification-Standards/], TN State Licensure requirements (licensure requirements vary from state to state), and the Department of Audiology and Speech-Language Pathology (SLP) 2014 Academic Handbook [http://www.uthsc.edu/allied/asp/slp/].

PART I: CLINICAL EDUCATION

Mission of Clinical Education

The Mission of the Hearing and Speech Center is to provide clinical education for students in speech-language pathology and audiology and to provide clinical services to the people of Tennessee. This mission is consistent with the mission statements of the University of Tennessee System [http://tennessee.edu/aboutut/mission/]; the College of Health Professions [http://uthsc.edu/health-professions/about/index.php] and the Department of Audiology and Speech Pathology [http://uthsc.edu/health-professions/asp/index.php].

Clinical faculty and students adhere to established scope of practice and ethical behaviors (See Appendix A) as defined by the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA). In addition clinical faculty and students adhere to federal laws regarding protected patient health information and student grade information as required by The Health Insurance Portability and Accountability Act (HIPAA) and The Family Educational Rights and Privacy Act (FERPA).

Student, faculty, staff, and persons served in the program’s clinics are treated in a nondiscriminatory manner – that is, without regard to race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran. The institution and the program comply with all applicable laws, regulations, and executive orders pertaining thereto.

Clinical education is viewed as a dynamic process where students learn by applying academic knowledge to clinical practice while involved in clinical service provision to clients who vary in terms of the type of communicative and swallowing disorders, age, as well as their ethnic and cultural background. The goal is to prepare clinicians:

- To analyze and synthesize information from a broad-based fund of knowledge in communication sciences and disorders;
- To read, evaluate, and interpret research findings in order to provide evidence-based treatment protocols;
- To prevent, screen, evaluate, diagnose, and treat patients with varied communication disorders;
To communicate effectively and professionally in both oral and written forms;

To self-evaluate skills resulting in active steps to develop/refine clinical competencies & extend their knowledge base; and,

To practice ethical and responsible professional conduct.

Clinic Program of Study

Clinic Contact Hours and Competencies

Full-time students who hold bachelor's degrees out-side the discipline of communication disorders enter the program as 1st year graduate students. These students may require seven to eight semesters of study to complete their graduate program [http://uthsc.edu/health-professions/asp/index.php](http://uthsc.edu/health-professions/asp/index.php). Full-time students with undergraduate preparation in the discipline require at least five semesters of study. These students enter the program as 2nd year graduate students and graduate as 3rd year students.

Even though the clinical program is competency based, clinical contact hours are monitored and documented. Students typically exceed the ASHA minimum requirements of 400 supervised clinical contact hours (Standard V-D); this includes 25 hours of supervised clinical observation (Standard V-C). No more than 50 of the clinical contact hours will be carried over from the student’s undergraduate program (Standard V-D). In order for hours to be counted toward graduation and certification, they must meet the following requirements: be supervised by an ASHA certified clinician; completed while directly involved with assessment, treatment, or counseling with patients’ or family members; completed during management of areas considered to be within the ASHA SLP Scope of Practice (Standard IV-C).

Time supervised is determined by the needs of the student and the patient and by guidelines mandated by specific insurance coverage (Medicaid, Medicare, private insurance). At no time will supervision be less than 25% of students’ total contact with each patient and supervision is distributed periodically throughout the practicum (Standard V-E). Typically students are supervised around 40-50% of the time when involved in treatment and supervision is increased to approximately 90-100% of time during assessments. The exception to this rule is when Medicare covers the patient’s cost of treatment. In this case, the supervising clinician is in the room 100% of the time and is engaged with the student and patient during treatment.

Clinical contact hours are defined as time spent in direct contact with the patient or the patient’s family during assessment, intervention, or counseling activities. While in most cases students are assigned to individualized, one-to-one, treatment sessions, we do assign teams of students to provide evaluations. During these sessions, students count only those hours of direct engagement with the patient or their family. Student A may count time involved in the administering a standardized test and Student B may count time spend gathering case history information from the patient or their family members. In this situation, Student A cannot count hours for activities completed by Student B and vice-versa. Another example, it is not uncommon for Student A to document responses to a test that Student B is administering as a reliability check; however, student A cannot count their time involved in documentation as clinic contact hours (Standard IV-C).
While students’ total number of supervised clinical contact hours are documented and monitored; the clinical education program is competency based. Students’ are expected to successfully translate classroom knowledge (Standard IV-C) to clinical skills necessary to evaluate, treat, and counsel individuals across the life span in the following disorder areas:

- **articulation**
- **fluency**
- **voice and resonance, including respiration and phonation**
- **receptive and expressive language** (phonology, morphology, syntax, semantics, and pragmatic, prelinguistic and oral linguistics) in speaking, listening, reading, and writing
- **hearing**, including the impact on speech and language
- **swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)**
- **cognitive aspects of communication** (attention, memory, sequencing, problem-solving, executive functioning)
- **social aspects of communication** (including challenging behavior, ineffective social skills, and lack of communicative opportunities)
- **augmentative and alternative communication modalities**

**Cognitive and Social Skills** are infused in all content areas; these skills are considered relative to all patients’ communication skills and will be addressed specifically to the patient, their communication disorder, and their individual needs.

More specifically, students are required to demonstrate skills in the following clinical processes:

1. **Evaluation**
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer patients for appropriate services.

2. **Intervention**
   a. Develop setting-appropriate intervention plan with measurable and achievable goals that meet patients’ needs. Collaborate with the patient and relevant others in the planning process.
   b. Implement intervention plans (involve patients and relevant other in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
d. Measure and evaluate patients’ performances and progress.

e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the patient needs.

f. Complete administrative and reporting function necessary to support intervention.

g. Identify and refer patients for services as appropriate.

3. Interaction and Personal Qualities

a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregivers, and relevant others.

b. Collaborate with other professionals in case management.

c. Provide counseling regarding communication and swallowing disorders to patients’ families, caregivers, and relevant others.

d. Adhere to the ASHA Code of Ethics and behave professionally (Standard IV-E). (Standard V-B)

PART II: CLINICAL PRACTICUM

REQUIREMENTS PRIOR TO ASSIGNMENT TO CLINIC PRACTICUM

Technical Skills: Eligibility Requirements and Essential Functions

In order to acquire knowledge and skills requisite to the practice of speech-language pathology which includes the provision of services in a variety of clinical settings with patients who have a diversity of needs, students are expected to demonstrate the potential to develop essential functions in five areas: communication, motor, intellectual-cognitive sensor-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (*), however, are skills that are more inherent and should be present when a student begins the program. See Appendix B for a complete list of essential functions deemed necessary for students entering the SLP graduate program.

Observational Requirements.

Most students who enter the graduate program have completed the required 25 hours of supervised observations as part of their undergraduate program. It is expected that the student observed treatment and/or assessments of areas included in the ASHA scope of practice and that all hours were supervised and signed by an ASHA certified clinician. Documentation of signed observation hours can be found in the students’ academic files. If students haven’t completed their observational requirement, they may do so simultaneously while involved in their graduate clinical education program; however, it is required that students participate in some guided observational experiences prior to participating in any patient-contact time. In this situation, supervisory feedback from the certified clinician will be given either during the observation session or immediately afterwards through conversation; or afterwards, by review of preapproved written reports or summaries submitted by the student (Standard V-C).
Communication Competency Requirement

As part of the students’ orientation to the graduate program, students complete a communication screening. If they fail the screening, they will be scheduled for follow-up with their academic advisor and, if they choose, they may receive treatment. This is to insure that all students demonstrate the ability to communicate intelligibly and effectively with patients and faculty.

Most students require feedback as they learn technical writing skills used for documentation and report writing. Students get on-going formative and summative feedback on both their oral and written skills though out their clinical program. Overtime, students are expected to compose written reports of clinical observations, evaluation & treatment sessions, and outcomes sufficiently for entry into professional practice (Standard V-A). Students must demonstrate English writing that is grammatically correct and use basic rules of technical writing (e.g., punctuation; capitalization) appropriately.

Students need to comprehend English language expressed orally and in written form. They must also demonstrate oral English speech and language production that is readily understandable by clients. Moreover, students must be able to appropriately model articulation, voice, fluency, vocabulary and grammar of the English language. A student’s speech and language skills must be intelligible and comprehensible enough for administration of speech, language, and swallowing assessment techniques and intervention strategies in a reliable and valid manner. Any concerns regarding student communication competence should be brought to the Clinic Director attention immediately.

Students whose first language is not English must achieve a score level of Advance High on the OPIc test before being considered for placement into Clinical Practicum. Graduate students in Audiology and Speech-Language Pathology are eligible for support in acquiring English skills in the HSC as a means to achieve sufficient English for placement in clinical practicum.

Professional Liability Insurance

All students clinicians enrolled in clinical practicum are automatically covered with malpractice insurance through a policy written for the University. The policy coverage is from August 1 through July 31 annually.

Medical Clearance

All students participating in practicum are required to complete TB Mantoux test series annually. Some off-campus training sites will require students to provide documentation prior to placement. Some sites require evidence of flu-shots; students should obtain verification of all immunizations for their personal records. The Department does not guarantee students’ clinical education requirements can be met if the students’ immunization record precludes them from off-site placements sites.

Cardio Pulmonary Resuscitation (CPR) Certification

All students participating in practicum are required to complete CPR training (approved by the American Heart Association), and to maintain current CPR certification throughout their graduate program. Documentation of current CPR certification is on file with the Clinical Administrator. Students
receive notification prior to the beginning of fall semester regarding a day, time, and location for CPR training. All participants pay a fee for the training.

Criminal Background/Child Abuse Clearances

The College of Allied Health requires that students meet state required background checks. In addition, off-campus educational and medical settings may require clinicians complete criminal background checks prior to placement and, in some cases, drug checks; they may require original documentation of these clearances before the student can participate in clinical activities. The Department does not guarantee a student’s clinical education requirements can be met if their background precludes them from placements in required sites.

HIPAA and Code of Ethics Training

A central part of professional behavior includes following ethical guidelines as defined by the ASHA Code of Ethics and adhering to both HIPAA confidentiality and security guidelines. Students are expected to complete on-line and in-service presentations, read and study these guidelines as part of their program of study. Beginning fall, 2014, during orientation, students are expected to review the HIPAA confidentiality module, a power point presentation and a video, and Code of Ethics module which they will find on their CES Blackboard materials; they will take multiple-choice quizzes on the content. They are expected to make 80% on the test; if they score below 80%, they will review the material and take the quiz a second time. The results of the quiz will be placed in the students’ personnel file. Students are expected to complete the on-line HIPAA security module and the FERPA module; both are found on the Blackboard site. Both modules include corresponding quizzes to be completed at the end of the sessions and these results are recorded on line and will be checked the Clinic Director. Students will review the ASHA code of ethics throughout the graduate program in both academic courses and clinical education series (CES).

ASSIGNMENT TO CLINIC PRACTICUM

Clinical Program of Study

The goal of the clinical education program is to insure students gain competencies in evaluation, treatment, and social interactions across nine disorder areas listed above (Standard IV-C; Standard V-B). This is achieved by providing students the opportunity to develop clinical skills through their placements in the varying HSC clinics where they will experience a diverse population of patients across the life span with varying types of communicative and swallowing disabilities (Standard V-B; Standard V-F). For example, the first three semesters of graduate studies, students are assigned to different clinical settings within the Hearing and Speech Center including the Out-patient Rehab Clinic which serves patients of all ages (infants, preschool, school age, and adults) with varying types and levels of
communicative, swallowing, and feeding disorders. The Pediatric Language Center serves approximately 30 children and their families weekly. These children range in age from infancy to 3-years and have a diagnosis of autism on the spectrum or severe social-emotional disabilities. Child Hearing Services, an aural-oral program, serves 70 individuals weekly. These individuals have a diagnosis of deafness or hard of hearing; approximately half of the individuals served have hearing aids and half have cochlear implants. In addition, students are assigned to the FEEs clinic, where they travel to local nursing homes and assist the clinical faculty member with assessment and treatment recommendations for patients with swallowing disabilities. Finally, students may be assigned to provide communication assessments in Open Arms Cooperation: Home (OAC), a group home for adults with cognitive and/or physical disabilities.

The fourth semester, students are assigned to their first off-campus setting. Typically this is a two-day per week placement in either a medical or educational setting. The fifth semester includes two full-time externship placements, typically 7 weeks each, in an educational and a medical setting. Throughout the graduate program, students make requests for specific placements and the requests are honored when available and when they support the students’ educational and certification requirements. Students with out-of-state residency and those who plan to live out-of-state after graduation may request out-of –state externship placements. These placements need to be planned one-year in advance. All OFF-CAMPUS PLACEMENTS ARE ARRANGED AND CONFIRMED BY THE CLINIC COORDINATOR AND THE DIRECTOR OF CLINICAL SERVICES.

The clinical program out-lined above offers ample opportunities for students to develop clinical competencies in the areas of evaluation, treatment and communication skills sufficient to achieve effective clinical and professional services with patients, family members, and other professionals. They have sufficient opportunities to demonstrate their abilities to comprehend and to write technical reports; to write diagnostic and treatment plans as well as progress summaries and final reports (Standard V-A).

**CHS Concentration.** In addition to the above clinical program of study, students may apply to pursue a concentration in the area of Aural Habilitation. Application materials may be obtained in the department main office. Please note that not all applicants will be admitted into the concentration. For complete information regarding the content of the Aural Habilitation Concentration application process, please see Appendix C.

**Registration and Assignments**

**On-Campus Assignments.** Typically students register for 2-hours of on-campus clinic practicum during each of their first three semesters of their graduate program and one-hour of clinical education series (CES, ASP 534). Each hour of clinic practicum registration (533 and 515) represents 2 -3 hours of patient contact time per week. Clinic coordinators work with clinic faculty for the purpose of scheduling students, patients, and clinic faculty. Allison Wegman, M.A. CCC-SLP, is responsible for clinic assignments in HSC (ASP 533). Her phone number is 974-0658 and her email is awegman1@uthsc.edu. Emily Noss, M.A., CCC-SLP, is responsible for clinical assignments in Child Hearing Services (ASP 515), her phone number is 974-8663 and her email address is eclark1@utk.edu. The complete list of clinical faculty members who serve as clinical educators for
speech, language and aural habilitation diagnostic and treatment programs are found in Appendix D and on the Departmental website.

Clinical assignments are based on students’ completion of previous course work and on previous clinical experiences. Students are assigned to specific patients or clinics if they have completed the supporting course work or if they are currently assigned to courses that support the clinical assignment. It is rare for a student to be assigned to a patient or a clinic without previously completing the corresponding coursework; however, if this occurs, the following plan is in place. The clinical faculty and the academic faculty member who teaches in that content area agree on at least five articles considered to be critical to the knowledge necessary for serving individuals with the specific disorder. The student reads the articles and discusses the content with the clinical faculty member and based on the outcome of the discussion, the student may begin treatment with the patient. In the early stages of the treatment, the student is supervised 100% and as the student demonstrates increased levels of competency, the amount of time in supervision may decrease.

**Off-Campus Assignments.** Carrie Mills, Ph.D. CCC-SLP, is the off-campus clinic coordinator for placements in Knoxville and in TN (ASP 537). Dr Mills can be reached at cmills3@uthsc.edu or by phone at 974-4647. Ann Michael, Ph.D. is Director of Clinical Services and responsible for out-of-state externships (ASP 537), overall administration of clinic services and clinical education. She can be reached at Amichael3@utk.edu and 865-974-4640. For the fourth semester off-campus placements, students register for 3 hours of clinic (ASP-537) and for the fifth semester, the externship placements, students register for 6 hours of credit (ASP 537).

**Determination of Practicum Assignments**

Students are required to meet with their advisor prior to registering for academic courses and clinical practicum. Prior to the end of the current semester and before registration for the following semester, students meet with their academic advisor to confirm their course schedule for the semester. They complete a class schedule form and communicate with the appropriate clinical coordinator (in a face-to-face meeting, through email, &/or in writing) regarding practicum assignments for the upcoming clinical practicum. When students prepare to move to an off-campus practicum setting, they may express their interest or preference for placement to a specific site/setting; they should communicate with the coordinator as soon as possible so that advanced plans can be made to help meet the student’s request (if possible). At no time is it appropriate for a student to approach an off-campus supervisor for the purpose of arranging a placement. **It is important for students to remember that they may make requests for specific placements; however, our first responsibility is to insure that their educational, licensure, and certification requirements have been met. Requests are honored when placements are available and when all educational, licensure, and certification requirements are in place.**

**Achieving Clinical Competencies**

Students achieve the majority of their clinical competencies through direct service provision in assessment and treatment to individuals with communicative disorders and swallowing while assigned to on-campus clinical settings, off-campus settings, and while placed in their full-time clinical externships. In all settings, supervision of student contact with patients meets guidelines for ASHA certified clinicians (Standard V-E).
In the low incidence disorder areas including stuttering, voice, and augmentative and alternative communication, students may be assigned clinical cases in these areas over the course of their three semesters on campus. However, all students are required to pass competencies by taking clinic labs (modules) which address evaluation and treatment protocols in these disorder areas. In some instances, the academic faculty may address those competencies in classroom activities. In addition to clinic labs; classroom activities, and direct contact with patients, students may gain specific competencies and a limited set of clinical hours when engaged in research activities or special projects conducted by faculty members as long as they are actively engaged in problem-solving and clinical decision-making activities.

In instances where student competencies are questionable due to limited experiences (clinic hours), students will complete a module in that disorder area, assessment and/or treatment, to insure adequate decision-making skills.

Clinical Education Series (CES) typically focus on clinical processes required for planning and implementing assessment and treatment protocols while Professional-Series typically focus on the latest research related to specific topics; both are additional avenues beyond didactic coursework to gain clinical knowledge and practice clinical problem-solving skills. For example, students are introduced to the ASHA Code of Ethics during orientation or early in their first CES. Plus each semester on campus, students review professional expectations for clinical assignments and this includes behaviors associated with HIPAA confidentiality and security guidelines and the ASHA Code of Ethics (Standard (IV-E). During the second CES, students are expected to implement the search and review process for identifying evidence to support their treatment decisions Standard (IV-F). During the third CES, students review a series of contemporary professional issues including: program accreditation, standards, and licensure. Each student is required to do an Internet search of the State Licensure requirements for States where they anticipate working (Standard IV-H). In addition, they receive the application and review the grading guidelines for their CF and review professional credentialing. Students are provided an overview of the latest Medicare guidelines regarding reimbursement and documentation and cover billing codes and basic billing procedures (Standard IV-H). Students are required to take a one-credit Professional Series topic on counseling (Standard V-B, 3c).

Formative Assessment

Evidence of clinical skill development is monitored through formative assessment procedures. Formative assessments are routinely conducted during: (1) on-going written and verbal feedback provided for pre-treatment, treatment, and daily treatment plans; (2) on-going written feedback is provided in response to clinical implementation skills via observation forms; and, (3) on-going verbal feedback is provided during weekly conference time where students come with documentation of their self-reflections and self-evaluations of session. As part of the formative assessments, student receive feedback on their oral and written skills as related to writing lesson plans, assessment and treatment reports, and documentation of clinic activities including S.O.A.P notes. (Standard V-B)
**Summative Assessment**

Summative assessment is provided twice during an academic semester: at midterm and at the end of each semester as a result of the number of competencies achieved at the expected level for each clinical practicum assignment. The number of competencies achieved compared to the number attempted corresponds to letter grades. Oral and written competencies are included as part of the clinical process and content relative to each disordered area is assessed. In the event that a student receives a passing grade and does not achieve all competencies, the competencies failed are documented and the student is expected to pass the competencies during the next practicum by demonstrating skills while working with patients or they make complete a project in order to demonstrate the targeted clinical skills. In some cases, students may be asked to conduct a review of the literature, take an exam, or write a paper on a specific topic.

**ACADEMIC AND CLINIC SUCCESS**

**Academic Success**

For graduate students, academic success is defined as a final grade of a “B” or higher in all courses and clinical practicum (regardless of the number of credit hours of the course or the practicum) in the major. Attaining a final grad of “C” in any cure or clinical practicum will result in the student being placed on probation for the remainder of their program. The Department Chair will inform the student of this status. Failure to achieve a “B” or higher in any subsequent coursework or clinical placement is cause for dismissal from the program. Attaining a final grade below a “C” (i.e., “D” or “F”) in any course or clinical placement is grounds for immediate dismissal from the program.

**Clinic Success and Remediation Plan**

Clinic success is defined as successfully achieving clinical competencies in assigned areas so that the summative grade is 3.0 (B) or better at the end of the semester. It should be noted that in each academic and clinical course, students will receive grades based on their demonstrated knowledge and skills respective to the course. However, the summative grade may not reflect the demonstrated knowledge/skill in any specific competency. In other words, course instructors may determine the means necessary to achieve the competency for any course.

In most situations, students are considered eligible to perform clinical skills sufficiently for a grade upon completion of a minimum of 10 clinical contact hours in any given area. In the event that a student’s final grade falls below a B, that student is placed on clinical probation for the following semester. The goal of probation is to alert the student, the clinical faculty, and the academic advisor of the student’s need for specific guidance and planning to establish clinical knowledge and skills. A remediation plan will be developed to address clinical concerns and will be implemented the following semester. The Director of Clinical Services will provide oversight for the development and implementation of the plan. Possible intervention strategies may include one or more of the following:

1. observation of other clinicians;
2. literature assignments, possibly including review of client files;
3. review academic content;
4. video-recording treatment sessions and analyzing them with clinic faculty;
5. role-playing with clinic faculty; and/or,
6. demonstration-therapy presented by one or more clinic faculty members.

If the student meets the goals of the plan and receives a grade of B or better for the semester; then, the student is removed from the probationary status. If the student does not meet the requirements of the plan and receives a final clinic grade below a B; then, the student is dismissed from clinic. A grade of B or better is required for clinic contact hours to count toward ASHA certification requirements.

If a student receives a grade below a “B” in an off-campus placement, the decision for the student to be placed on-campus or in another off-campus setting the following semester will be made in collaboration with the student, the clinic director, the off-campus coordinator, and the academic advisor. If the student receives a grade below a “B” in a subsequent semester, the student is dismissed from clinic.

The guideline is that if a student receives a clinic grade below a “B” for two semesters, the student is dismissed from the clinic. For example, if a student receives a “C” their first semester; then, receives grades of “B” for their second and third semesters and this is followed by a “C” in their fourth semester, the student is dismissed from the clinical education program at the end of their fourth semester.

**Student Grievance Procedures**

The Department of Audiology and Speech Pathology has developed the following procedural guidelines to resolve all types of student’s concerns, complaints or grievances. It is important that all students, faculty, supervisors and staff have the right to seek satisfactory solutions to all problems consistent with the basic tenants of fairness and justice. It is equally important that we work cooperatively to resolve problems at the departmental level before seeking solutions outside the department.

In the spirit of mutual cooperation to resolve problems, the procedures for all types of problems are as follows:

1. Students are expected to first attempt resolution of the problem with the faculty or staff member involved in the problem. If the student is concerned about discussing the problem with the faculty or staff member, or if direct discussion with the faculty or staff member is unsatisfactory, the student should discuss the problem with his/her academic adviser.
2. If the problem is not resolved through discussion with the faculty or staff member involved or through discussion with the academic advisor, the student should then contact the Department Chair.
3. If the Department Chair is unable to reach a satisfactory conclusion to the issue, students will be encouraged by the Department Chair to seek help and advice from the Dean of the College of Allied Health Sciences.

**Concerns Regarding Accreditation by the Council on Academic Accreditation**

Program accreditation by the Council on Academic Accreditation (CAA) is an assurance that the program is abiding by all required standards for academic content and following approved procedures in the delivery of this content. Students concerns may relate to any of the accreditation standards of the Council on Academic Accreditation (CAA). In the event of a serious concern,
students may contact the CAA directly for information. According to the CAA, complaints about programs must:

1) be against an accredited education program or program in candidacy status in speech-language pathology and/or audiology,
2) relate to the standards for accreditation of education programs in audiology and speech language pathology, and
3) include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all institutional grievance and review mechanisms before submitting a complaint to the CAA.

The full process of the CAA complaint procedure is available on-line on the CAA website https://www.capcsd.org/.

PROFESSIONAL BEHAVIOR EXPECTATIONS

Professional Behavior

Professional behavior is a topic defined and discussed as part of the Clinical Education Series (CES); students are informed that their professional reputation begins on the first day of class and the first day in their clinical practicum. Professional behavior includes showing up to class on time; being prepared for weekly clinic meetings; completing reports in a timely fashion, and being prepared for all clinical service encounters (See Appendix E). Students who have a history of not meeting professional expectations and who continue to fail in these areas are at risk for delaying their off-campus placements. There must be evidence that the student can meet timelines and conduct themselves as professionals before receiving an off-campus assignment.

At the University of Tennessee Health Science, clinical faculty members take great pride in their role as professionals in that they show respect for patients, students, as well as the professional skills of our colleagues both on-campus and off-campus. Students are expected to demonstrate respectful and civil behaviors in all their encounters.

Grading Forms Associated with Professional Behavior Expectations

Students review a list of professional expectations with their assigned supervisors. They are provided with consequences for failing to adhere to the professional behaviors (Standard V-B, 3a, 3d). During the first clinical practicum experience, students are graded at midterm and at the end of the semester on professional behaviors. This offers students an opportunity to receive feedback at midterm in order for them to demonstrate a change in behaviors by the end of the semester. After the first semester, students are expected to meet these expectations without midterm feedback. See Appendix E for Professional Expectations.
Professional Behavior: Computers and Social Media

The following UTHSC Rules for using Computing Resources are reported in The Centerscope, page 93; https://www.uthsc.edu/centerscope/Centerscope.pdf.

Each student using university computer resources must have a net ID account in his/her name. Each person is responsible for all activity that occurs while using his/her account. Students are not to attempt to access resources other than those they are authorized to use and must not attempt to read, modify, print or otherwise manipulate files belonging to other users unless explicitly authorized to do so. All computer users must abide by the University System’s Acceptable Use policy and other IT policies which may be found on the UTHSC website at http://www.uthsc.edu/policies. Failure to abide by these rules could result in denied access and disciplinary actions. Students are expected to be familiar with the acceptable use policy available at http://www.uthsc.edu/policies/w932_document_list.php?app=IT.

Professional Behavior: Social Media Guidelines specific to the UT HSC

Typically each cohort of students will have a Facebook account where they communicate among themselves. Students must refrain from mentioning patients’ names on this site plus they cannot mention any experiences that have with patients or their families either during treatment or away from the clinical setting. Finally, it is unwise to mention faculty members by name or by class. This is not the place to express dissatisfaction or problems regarding faculty, course, or clinic encounters. Students are expected to address these issues in a professional way by engaging in face-to-face conversations.

Students are not to have patients or family members as friends on Facebook or to accept “Friend status” with patients or their family members while enrolled in the graduate program. This puts students at risk of violating patient confidentiality and may result in a violation of HIPAA guidelines. Pictures or videos of patients or treatment sessions cannot appear on media networks (e.g., Instagram, Youtube, Facebook); again this would be a violation of HIPAA confidentiality. Students are expected to get permission from faculty members before audio or video recording class lectures or presentations.

Part III: General Clinical Procedures

Clinical Supervision

It is an ASP Department requirement that clinical educators in on-campus and off-campus clinical settings provide students with a minimum of 25% supervision during treatment activities and 50% supervision during diagnostic activities, AND always at a level needed for the student’s experience and knowledge level. Students should never provide services to patients if they are uncomfortable or feel that they are not capable of providing appropriate services. Discuss your concerns immediately with your clinical supervisor. If problems continue, all on-campus concerns are to be addressed with the Director of Clinical Services and off-campus concerns are to be addressed with the Clinic Coordinator and the Director of Clinical Services. These concerns are best addressed early rather than later.

Confidentiality

Confidentiality of client information is crucial. In order for students to have a thorough understanding of the issues inherent in client confidentiality they must complete the on-line
HIPAA instruction; names of students completing the competencies are documented and followed on line. Do not discuss clients by name or with other identifying information in any public areas (i.e., hallways, elevators, restaurants, student lounge or waiting room areas). If a familiar patient is discussed in a class, do not convey information related to their identity. **NO DOCUMENT CONTAINING INFORMATION IDENTIFYING A CLIENT SHOULD EVER BE REMOVED FROM THE IDENTIFIED CLINIC AREA.** Students are expected to follow confidentiality guidelines as established by ASHA Code of Ethics and HIPAA Confidentiality (Appendix F).

Students have permission to work with clinical documents including personal health information (PHI) in designated work areas; however, it is important that you keep these documents with you at all times. Once you have completed your work, the file must be returned to the file cabinet. Use only computers provided in secure locations and delete all clinical information from the computer system when you have finished so that others cannot gain access to the confidential information. Be aware of confidentiality issues when photocopying client information. Students are also directed to their clinical supervisor to review the HIPAA Training guidelines.

Release of information authorization must be obtained from patients/guardians before any clinical information is shared. This includes permission to discuss the patient on the phone with other professionals or sending written information. Student clinicians are not permitted to contact patients, family members, or professionals without permission and guidelines from their clinical supervisor. Confidentiality guidelines must be followed specific to each site.

**General Clinical Documentation Guidelines**

General report writing guidelines are as follows:

- Follow the guidelines and procedures of each site
- Be as concise as possible.
- Document **ALL** contact and attempts at contact (e.g., phone calls; unreturned calls)
- DO NOT ERASE or USE WHITE OUT to alter a report. If an error is made in a record, draw a line through the error and initial it, and add corrected information
- Never use pencil in documentation paperwork, including test protocol forms
- Be sure that your supervisor counter-signs all official documentation

**Appearance Policy**

Recently there has been great deal of attention given to the concept of “Professionalism” for young professionals applying for positions in their chosen field. Much of the conversation has addressed differences in generational and cultural expectations toward appearances and responsibilities in the workplace. See [http://www.ycp.edu/media/yorkwebsite/cpe/York-College-Professionalism-in-the-Workplace-Study-2013.pdf](http://www.ycp.edu/media/yorkwebsite/cpe/York-College-Professionalism-in-the-Workplace-Study-2013.pdf) for a review of one research project in this area. For example, in some settings, from both a generational and cultural perspective, the perception of tattoos has changed. While we acknowledge these changes, the UT HSC appearance policy is designed to meet the cultural value system of the Hearing and Speech Center as well as the values of the off-campus clinical sites where students will be placed as well as the professional settings where students will seek future employment.
Please understand that dress codes may vary from clinical site to clinical site. In some clinical sites, you will be working on the floor with young children and parents while at other sites, you may be sitting at a table with adults and family members and you will be expected to dress accordingly. First and foremost, students should ensure that their appearance does not distract the client from participating effectively in clinical services. In clinical settings students work with clients of varied ages and from a range of backgrounds/cultures and should be aware of how their appearance impacts on others. Business casual attire is appropriate. Shoe styles may vary from setting to setting. In general, extremes of dress are not appropriate for clinic practicum placements. Good grooming and personal hygiene is always essential. The following general guidelines should be followed:

1. **Wear department ID badge** at all times while on site. Badges should be worn chest high, should be readable, and should clearly indicate role as a “student-clinician.”

2. **Clothing should result in a professional appearance.** It should be clean, in good repair, and appropriate in size and length.
   - Some students choose to wear hospital scrubs because they are easy to maintain.
   - Clothing must cover shoulders, back, chest, midriff, buttocks, and undergarments at all times regardless of body movement or position. Undergarments should never be visible (e.g., extending beyond outer clothing, or through clothing).
   - Skirts should be no shorter than 2 inches above the knees when standing.
   - Clothing should be neither too tight, nor excessively baggy
   - Examples of clothing that should not be worn in practicum: jeans; clothing with prominent logos/Advertisements; shorts; low cut necklines; tank tops; flip flops; leggings; or spaghetti strap tops.

3. **Jewelry, tattoos and body piercing**
   - Body piercing should not be visible, except those in the ears.
     - Earrings are limited to two per lobe.
   - Earrings are limited to two per lobe. Dangling earrings or hoops larger than one inch are not permitted due to safety issues.
   - Facial and oral jewelry are not permitted and tattoos should not be visible.

4. **Hair, make-up, & fingernails**
   - Hair should be groomed and well maintained.
   - Cologne, perfume, and aftershave are not recommended due to the allergies of many patients.
     - Nails should be well groomed and kept to a length that is not detrimental to patient safety.
It should be noted that frequently individual clinical facilities have additional clothing & appearance guidelines. Students are expected to learn the dress code before beginning a placement and to follow the guidelines of each site.

Name/Identification Badge
Students are expected to wear an ID badge at all times at clinical sites. ASHA requires that student clinicians wear an ID badge that stipulates professional status as a student, rather than a licensed professional.

All students are expected to order department identification badge with their name and UT HSC affiliation at the beginning of their graduate program.

Attendance
Student clinicians are expected to attend all scheduled clinic sessions. Unexcused or excessive absences can result in a lowering of your clinic grade by a full letter. Legitimate absences include illness and pre-approved attendance at professional conferences.

A critical component of being a professional is dependability. This means we can depend on you to show up on time, to complete all assignments on time, and be prepared to meet your professional responsibilities with your patients. This does not mean that in the beginning of our clinical education program you are expected to know the content or the process of speech-language assessment or treatment procedures but it does mean you learn your timeline expectations and that you ask questions when you don’t know what is expected or you have doubts about what should be done.

Student clinicians are expected to:

- Establish with your clinical supervisor a mechanism for communication (email, phone, etc.) and establish a mechanism for communicating with your supervisor and your patients in case you are ill or can’t get to the clinic. While these instances are rare, be clear on how to handle your absences.
- Prepare and conduct clinical services as assigned.
- Prepare and conduct meetings/ conferences/ consultations within appropriate time frame, including attendance at clinical practicum meetings.
- Carry out all duties to accomplish total case management as agreed upon with the clinical supervisor (e.g. forms, phone calls, referrals, etc.).
- Submit all written assignments (e.g. lesson plans, test results, reports, letters, goals, etc.)
  - in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines
- Attend all meetings/ conferences/ consultations promptly.

Please check with your supervisor and make arrangements for how you should reach them if you need to cancel due to illness. Planned absences (e.g., conference attendance) should be known early enough to allow for rescheduling of the clinic time, if possible. Cancellation of clinic practice to study or complete academic course assignments is NOT acceptable.
PART IV: **Health & Safety Procedures**

**Clinic Environment**
Please do your part to keep clinical workspaces clean and neat. Treatment rooms should always be left in their original condition (or better) for the next clinician. The way you leave the room is the way the next clinician and client will find it, so please take the time to ensure the best possible working environment. Return all materials to their correct location on a daily basis.

**Inclement Weather Conditions**
In situations of extreme inclement weather students should communicate with their site/supervisor to determine whether clinical services are being offered. In the event that the University of Tennessee closes, the student assigned to on-campus practicum is not be expected to attend clinic. However if the student is in an off-campus placement, the student should follow the guidelines of the clinical site. At all times, a student should use their own judgment regarding the safety of traveling in adverse conditions. Students are also expected to have a plan for bad weather days and to communicate in a timely fashion with their supervisor/site regarding the situation.

**Universal Precautions**
These procedures are designed to protect both the student and the client from transmission of communicable diseases. To minimize risk of transmission of disease, assume that blood and all body fluids from all clients are potentially infected. All clinics will have specific Universal Precaution Guidelines. It is the responsibility of the student clinician to familiarize themselves with the clinic site’s policies at the beginning of each term.

**Routine Hand Washing**
The simplest way to control spread of infection is by hand washing. It is recommended that you wash hands with soap and hot water for at least 20 seconds:

1. Before and after each client session
2. After sneezing, coughing or wiping a nose
3. After using the toilet
4. After handling soiled items such as a diaper, used tissues or dirty toys
5. Before preparing or eating food

**Use of Disposable Gloves**
Wear disposable gloves when you could be in contact with body fluids. At times, hospitals will require professionals working with certain patients to wear gloves in diagnostic services. Examples of this include when an audiologist conducts a hearing screening on an infant, or when a speech-language pathologist conducts an oral mechanism exam.

Hands should be washed before wearing gloves. Gloves should be disposed of after each patient, with hands washed again after removing the gloves. If a student clinician has a break in their skin, it should be covered with a Band-Aid and the use of gloves is strongly recommended.

**Disinfection**
Any potentially contaminated surface or object will require disinfection. For example:
- Mouthed objects should be disinfected immediately. If soiled with blood, feces, or urine the objects should be disinfected or discarded.

- Tabletops used by clients should be wiped with disinfectant after each session.

- Note use of instrumentation requires specific cleaning routines; check with your supervisor for these guidelines.
Appendix A

ASHA Code of Ethics


Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all services competently.

B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of
practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notification.
Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.

D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s competence, level of education, training, and experience.

E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.

B. Individuals shall not participate in professional activities that constitute a conflict of interest.
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.

D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.

E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.

F. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

G. Individuals’ statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

**Principle of Ethics IV**

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

**Rules of Ethics**

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.

H. Individuals shall reference the source when using other persons’ ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics

APPENDIX B

(The following definition and information on Essential Functions was taken directly from the ASP academic handbook, 2013, see www. )

Technical Skills: Eligibility Requirements and Essential Functions

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive sensory-observational, and behavioral-social. These skills enable a student to meet educational and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (*), however, are skills that are more inherent and should be present when a student begins the program.

COMMUNICATION
A student must possess adequate communication skills to:
• Communicate proficiently in both oral and written English language. (Language to be determined by program.)*
• Possess reading and writing skills sufficient to meet curricular and clinical demands.*
• Perceive and demonstrate appropriate non-verbal communication for culture and context.*
• Modify communication style to meet the communication needs of clients, caregivers, and other persons served. *
• Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
• Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
• Convey information accurately with relevance and cultural sensitivity.

MOTOR
A student must possess adequate motor skills to:
• Sustain necessary physical activity level in required classroom and clinical activities.*
• Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.*
• Access transportation to clinical and academic placements.*
• Participate in classroom and clinical activities for the defined workday.*
• Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
• Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc) in a safe manner.
• Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).
INTELLECTUAL/COGNITIVE
A student must possess adequate intellectual and cognitive skills to:
• Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.*
• Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
• Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
• Self evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
• Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

SENSORY/OBSERVATIONAL
A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:
• Visually and auditorily identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication).
• Identify the need for alternative modalities of communication.
• Visualize and identify anatomic structures.
• Visualize and discriminate imaging findings.
• Identify and discriminate findings on imaging studies.
• Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
• Recognize when a client’s family does or does not understand the clinician’s written and or verbal communication.

BEHAVIORAL/SOCIAL
A student must possess adequate behavioral and social attributes to:
• Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.*
• Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.*
• Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.*
• Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.*
• Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
• Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
• Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
• Dress appropriately and professionally.
APPENDIX C

Aural Habilitation Concentration (AHC)

Graduate students in the Department of Audiology and Speech may apply to pursue a concentration in the area of Aural Habilitation. Application materials may be obtained in the department main office. Please note that not all applicants will necessarily be admitted into the concentration. Students in the Aural Habilitation Concentration must complete of 6 hours of graduate level courses in audiology, and/or aural habilitation. Courses taken for the concentration will count as elective credits toward their degree. Students may select courses from the following options. For Speech-Language Pathology (MS) students:

ASP 573 Pediatric Audiology for Educational Professionals
ASP 585 Cochlear Implants
ASP 593 Independent Study in Aural Habilitation
ASP 594 Advanced Aural Habilitation
ASP 605 Speech Perception and Hearing Impairment
An approved course in Deaf Education

Selection and scheduling of academic courses will be approved and monitored by the student’s academic advisor. Completion of all requirements for the AH will approved by the staff in Child Hearing Services (CHS) and documented in the student’s Program of Study by their faculty advisor. Completion of all AH Concentration requirements must be verified by approval signatures from the academic advisor and CHS staff on the student’s Completion of Concentration form which will be placed in the student’s department file.

The Aural Habilitation Concentration also requires three (3) semesters of clinical practicum in treatment with children who have hearing-impairments, totaling a minimum of 130 clock hours. These clock hours must be completed with a variety* of treatment experiences. At least 100 of the clock hours must be supervised by the clinical staff in CHS. All practicum within the concentration must be approved by the staff of CHS. With prior approval, arrangements may be made for off-campus placements.

*Approved experiences include, but are not limited to:
   a. Group and individual treatment
   b. Children with cochlear implants
   c. Children with varying degrees of hearing loss
   d. Children varying in age (0-3, 3-5, & school age)
e. Speech, language, & auditory skill assessment
f. Formal and informal assessment of hearing aids, FM systems, and cochlear implant functioning
g. Participation in a minimum of one Individual Family Service Plan or M-Team meeting or Professional Collaboration/Consulting Session.
# APPENDIX D

## Clinical Faculty - Hearing and Speech Center

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Specialization</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ann Michael</strong>, Ph.D., CCC-SLP</td>
<td>Clinical Professor and Director of Clinical Services</td>
<td>Language and literacy skills in young children</td>
<td>865-974-5451</td>
<td><a href="mailto:amichae3@uthsc.edu">amichae3@uthsc.edu</a></td>
</tr>
<tr>
<td><strong>Tricia Hedinger</strong>, M.S., CCC-SLP</td>
<td>Clinical</td>
<td>Fluency, pediatric language, phonology, speech sound disorders, and pediatric behavioral feeding</td>
<td>865-974-0658</td>
<td><a href="mailto:Thedinge12@uthsc.edu">Thedinge12@uthsc.edu</a></td>
</tr>
<tr>
<td><strong>Ellen Hamby</strong>, Ph.D., CCC-SLP</td>
<td>Clinical Associate Professor</td>
<td>Evaluation and treatment of adult neurogenic communication disorders</td>
<td>865-974-4652</td>
<td><a href="mailto:ehamby@uthsc.edu">ehamby@uthsc.edu</a></td>
</tr>
<tr>
<td><strong>Sue Bessel Hume</strong>, Ph.D., CCC-SLP</td>
<td>Clinical Associate Professor</td>
<td>Voice disorders, phonological and structural speech disorders; childhood apraxia</td>
<td>865-974-4657</td>
<td><a href="mailto:shume@uthsc.edu">shume@uthsc.edu</a></td>
</tr>
<tr>
<td><strong>Carrie E. Mills</strong>, Ph.D., CCC-SLP</td>
<td>Clinical Assistant Professor &amp; Clinic Coordinator, Off-campus Placements</td>
<td>Speech sound and language disorders, literacy, dysphagia, cognition</td>
<td>865-974-4647</td>
<td><a href="mailto:cmills3@uthsc.edu">cmills3@uthsc.edu</a></td>
</tr>
<tr>
<td><strong>Allison Wegman</strong>, M.A., CCC-SLP</td>
<td>Clinical Assistant Professor &amp; Clinic Coordinator On-campus Placements</td>
<td>School-age speech sound and language disorders, AAC for all ages.</td>
<td>865-974-00658</td>
<td><a href="mailto:awegman1@uthsc.edu">awegman1@uthsc.edu</a></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Services</td>
<td>Phone</td>
<td>Email</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Teresa R. Vaughn, M.A., CCC-SLP</td>
<td>Clinical Associate Professor</td>
<td>Evaluation and tx of pediatric patients including in speech-language disorders, autism, and pediatric feeding disorders</td>
<td>865-974-1789</td>
<td><a href="mailto:tvaughn@uthsc.edu">tvaughn@uthsc.edu</a></td>
</tr>
<tr>
<td>Velvet Buehler, M.A., CCC-SLP</td>
<td>Clinical Professor</td>
<td>Aural habilitation for children with hearing impairments; aural habilitation for children with cochlear implants; evaluation of children with central auditory processing disorders (CAPD); evaluation and fitting of amplification devices</td>
<td>865-974-1798</td>
<td><a href="mailto:velvet@uthsc.edu">velvet@uthsc.edu</a></td>
</tr>
<tr>
<td>Ashley Irick, M.S., CCC-SLP</td>
<td>Clinical Instructor</td>
<td>Pediatric aural habilitation; Aural-Oral communication assessments with children who utilize hearing aids and cochlear implants (pre and post-cochlear implant evaluations); sign language; family support/parent education</td>
<td>865-974-4758</td>
<td><a href="mailto:ayoung12@uthsc.edu">ayoung12@uthsc.edu</a></td>
</tr>
<tr>
<td>Emily Noss, M.A., CCC-SLP</td>
<td>Clinical Assistant Professor and Clinical Coordinator</td>
<td>Pediatric Aural Habilitation for children who use cochlear implants and hearing aids; Aural/Oral communication assessments; pre- and post-cochlear implant evaluations; Aural Habilitation pre-school program; parent support and education; adult cochlear implant auditory training; Alternative/augmentative communication</td>
<td>865-974-8663</td>
<td><a href="mailto:eclark1@uthsc.edu">eclark1@uthsc.edu</a></td>
</tr>
<tr>
<td>Autumn Sanderson, M.A., CCC-SLP</td>
<td>Clinical Instructor</td>
<td>Pediatric and adult aural habilitation therapy; Aural-oral communication assessments; Pre and post cochlear implant evaluations for children and adults; Family support/parent education</td>
<td>865-974-1797</td>
<td><a href="mailto:amajor@uthsc.edu">amajor@uthsc.edu</a></td>
</tr>
</tbody>
</table>
### Clinical Faculty - Pediatric Language Clinic

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Specialization</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vickie Barnes</td>
<td>Clinical Associate Professor</td>
<td>Pediatrics (birth-to-three); specifically in the areas of autism/PDD, sensory integration / motor development, augmentative communication, oral motor stimulation, and apraxia</td>
<td>865-974-6702</td>
<td><a href="mailto:vbarnes1@uthsc.edu">vbarnes1@uthsc.edu</a></td>
</tr>
<tr>
<td>Laura Genet</td>
<td>Clinical Instructor</td>
<td>Early Intervention for children (0-3), with primary areas of interest in autism spectrum disorders</td>
<td>423-963-6203</td>
<td><a href="mailto:lgenet@uthsc.edu">lgenet@uthsc.edu</a></td>
</tr>
</tbody>
</table>

**APPENDIX E**

**Professional Expectations**

Failure to adhere to the Code of Ethics, AAA Code of Ethics, and HIPAA guidelines and to the *items (1,2,3,7,8,10) may result in your immediate dismissal from CES and from the clinic. Failure to adhere these and to the remaining
behaviors will have a negative impact on your grade (e.g. reduced by one letter grade) and may prevent you from continuing in the clinic the following semester.

<table>
<thead>
<tr>
<th>Professional Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Engages in professional behaviors in all classroom and clinical encounters.</em></td>
</tr>
<tr>
<td>2. <em>Maintains professional appearance and conduct appropriate for clinical setting and responsibilities.</em></td>
</tr>
<tr>
<td>3. <em>Maintains professional relationships in all interactions and shows respect for all aspects of patient confidentiality.</em></td>
</tr>
<tr>
<td>4. Is punctual for all appointments and follows established protocol for cancellations and absences.</td>
</tr>
<tr>
<td>5. Prepares physical environment before and after clinical session including universal precautions.</td>
</tr>
<tr>
<td>6. Completes lesson plans for each session and meets timeline for due date.</td>
</tr>
<tr>
<td>7. <em>Completes all paperwork in timely fashion.</em></td>
</tr>
<tr>
<td>8. <em>Follows guidelines for writing S.O.A.P notes in terms of time and content.</em></td>
</tr>
<tr>
<td>9. Presents materials, procedures recommend by the clinical faculty in a timely fashion.</td>
</tr>
<tr>
<td>10. <em>Follows departmental guidelines regarding checkout and return of patient charts and clinic materials.</em></td>
</tr>
<tr>
<td>11. Takes responsibility for researching evidence for assessing and treating individuals with communication disabilities.</td>
</tr>
<tr>
<td>12. Provides current documentation of CPR training and TB screening.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Midterm</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>Present Absent Present</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read and understand expectations of the above statements.

Student ___________________ Faculty Member:_____________________ Date__________

**Professional Expectations**

Failure to adhere to the Code of Ethics, AAA Code of Ethics, and HIPAA guidelines and to the *items (1,2,3,7,8,10) may result in your immediate dismissal from CES and from the clinic. Failure to adhere these and to the remaining behaviors will have a negative impact on your grade (e.g. reduced by one letter grade) and may prevent you from continuing in the clinic.
the following semester.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>*Engages in professional behaviors in all classroom and clinical encounters.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>*Maintains professional appearance and conduct appropriate for clinical setting and responsibilities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>*Maintains professional relationships in all interactions and shows respect for all aspects of patient confidentiality.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Is punctual for all appointments and follows established protocol for cancellations and absences.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Prepares physical environment before and after clinical session including universal precautions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Completes lesson plans for each session and meets timeline for due date.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>*Completes all paperwork in timely fashion.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>*Follows guidelines for writing S.O.A.P notes in terms of time and content.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Presents materials, procedures recommend by the clinical faculty in a timely fashion.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Takes responsibility for researching evidence for assessing and treating individuals with communication disabilities.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Provides current documentation of CPR training and TB screening.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have read and understand expectations of the above statements.

Student ___________________________ Faculty Member: ___________________________ Date__________
APPENDIX F

Health Insurance Portability and Accountability Act (HIPAA)

Protecting the Privacy of Patient’s Health Information
The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is bringing significant changes to the management of health information. The final privacy rule was published in the Federal Register on December 28th, 2000. Compliance was required by April 14, 2003 – with detailed rules regarding how confidential information will be used, handled and stored.

The security and privacy provisions aim to safeguard the confidentiality of private information and protect the integrity of health data while also ensuring its availability for care. It is important to understand the differences between security and privacy.
- Security – deals with the measures an organization takes to keep their information safe.
Privacy – deals with things a patient may expect from organization in terms of the way their health information is used and/or released.

A few Key points that you should be aware of:
- Disclosure: To protect and enhance the right of consumers by providing them with access to their health information and controlling the inappropriate use of that information. A written authorization for use and disclosure of health information for purposes other than continuing care. All medical records and other individually identifiable health information held or disclosed by a covered entity in any form, whether communicated electronically, on paper, or orally is covered by the final HIPAA regulations.
- Minimum necessary, reasonableness, and de-identification: The amount of information for any use or disclosure is restricted to the minimum necessary to accomplish the relevant purpose. Covered entities are encouraged to de-identify information when it is possible to do so.
- Individual rights: HIPAA creates a set of fair information practices to inform people of how their information is used and disclosed. It ensures that they have access to information about themselves and require health providers to maintain administrative and physical safeguards to protect the confidentiality of health information and protect against unauthorized access.

**What you can do to comply with HIPAA**
1. Help your colleagues become aware of HIPAA and increase your awareness of how confidential information is used. Confidential information should not be discussed in public areas where patient confidentiality could be breached.
2. Acquaint yourself with Confidentiality policy and procedures, specifically those for all disclosures of protected health information for purposes other than treatment, payment and healthcare operations. Should you have questions – the HIPAA project or Erlanger Health Systems is being lead by Rita Bowen, MA-HIMT, RHIA, Director of Health Information Management.
3. Be aware that there are boundaries on medical record use and release of individuals’ health information.
4. Existing, state confidentiality laws, like those covering mental health, HIV infection, and AIDS information will continue to apply. These confidentiality protections are cumulative, the final HIPAA rule sets a national “floor” of privacy standards that protect all Americans, but in some states individuals enjoy additional protection.

**Be aware that there are PENALTIES**
- Civil: Providers that violate HIPAA standards are subject to civil liability. Civil money penalties are $100 per incident, up to $25,000 per person, per standard, per year. (Please note that there are numerous standards)
- Federal: This applies for anyone knowingly and improperly disclosing information or obtaining information under false pretenses. Penalties would be higher for actions designed to generate monetary gain. Criminal penalties are up to $50,000 and one year in prison for obtain or disclosing protected health information; up to $100,000 and up to five years in prison for obtaining protected health information under “false pretenses”; and up to $250,000 and up to 10 years in prison for obtaining or disclosing protected health
information with the intent to sell, transfer or use it for commercial advantage personal gain or malicious harm.

☐ Suits: HIPAA does not create a federal right to sue for violations of the Act. However, because the regulation creates a new “duty of care” with respect to health information, it is possible that violations may be the grounds for state tort actions.

**Why was a federal health privacy law needed?**

There is more health-related information being collected and shared about people than ever before – and until now, there were almost no legal limits on how this information could be used and disclosed. Medical records are particularly vulnerable now as we move toward networked, electronic health information.

Americans are increasingly worried about the loss of privacy, and in particular the lack of privacy for their health information. Right now, people take drastic steps in an attempt to keep their health information confidential. A recent poll found that:

☐ One in five Americans believes that his or her personal medical information has been improperly disclosed. Half of these people believe that it resulted in personal embarrassment or harm.

☐ One in six Americans has taken steps to protect his or her privacy – they withhold information from their doctors, provide inaccurate information, doctor-hop to avoid a consolidated medical record, pay out-of-pocket for care that is covered by insurance, and – in the most extreme cases – avoid care altogether.

☐ Two out of three U.S. adults say they don’t trust health plans and government programs, such as Medicare, to maintain confidentiality all or most of the time.

By providing basic privacy protections, HIPAA regulations have helped to improve American’s health care system – people will be more willing to seek treatment, talk honestly to their doctors, and take advantage of new medical breakthroughs, like genetic testing.

The privacy regulations detailed in HIPAA were designed to facilitate the development of a uniform computer-based health information system. The privacy regulation has the force of law and has had a sweeping impact on the health care system.

From: **RESIDENT ON-LINE HANDBOOK**

*Health Insurance Portability and Accountability Act (HIPAA)*

*Protecting the Privacy of Patient’s Health Information*

**Erlanger Health System**
